

Information submitted via Top Hat Plan Statement Online Filing System to U. S.
Department of Labor under 29 CFR 2520.104-23

Date Completed: 10/31/2016 3:39 PM EST

Confirmation Number: 1868

Amended Confirmation Number:

Employer Information

Name: Isagenix International, LLC
Address: 155 East Rivulon Boulevard
City: Gilbert State: AZ Zip Code: 85297

Plan Administrator Information

Name: Board of Managers of Isagenix Worldwide LLC, Attn: Travis Ogden President & Chief
Operating Officer
Address: 155 East Rivulon Boulevard
City: Gilbert State: AZ Zip Code: 85297
Phone: 4806365700
Email: travis.ogden@isagenixcorp.com

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

ID:1 Plan Name: Isagenix Long Term Incentive Plan Number of
Employees: 647

Additional Information:



U. S. Department of Labor
Employee Benefits Security Administration
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 1868. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.